



Office of General Services
Office of Business Diversity

Design and Construction
AN ISO 9001:2015 CERTIFIED ORGANIZATION

Office of Business Diversity, 29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242

Phone: (518) 486-9284

FAX: (518) 486-9285

CONTRACTOR'S SDVOB UTILIZATION PLAN

Revised Plan

Contract No.: **Q1823C**

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Submit completed responses to DCSDVOB@ogs.ny.gov

Contractor's Name, Address and Federal ID No.:		Contract Description/Location:	Date Proposal Approved:	Date Printed:	Bid Date:	SDVOB GOAL
Nelson & Streeter Const Co PO BOX 184 Pine City NY 14871 Federal ID No.: 16-1394254		Q1823C ELMIRA PC		04/18/2023	04/05/2023	
		Work/Job Order:	OGS Project Number:	Work Order Value:	Contract Amount:	
			01823C		325735.00	
Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR OGS USE ONLY		SEE BDC 328.15
O.H. Striping Inc 11016 River Rd, Corning NY 14830 (607) 377-9343 Federal ID No.:	STRIPING	END OF PROJECT	\$ 600.00			<input type="checkbox"/>
Federal ID No.:						<input type="checkbox"/>
Federal ID No.:						<input type="checkbox"/>
Federal ID No.:						<input type="checkbox"/>

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments:	
Contractor's Signature: 			
Enter Name: HENRY W STREETER			
Title: PRESIDENT		FOR OGS USE ONLY <input type="checkbox"/> Accepted <input checked="" type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % _____ \$ _____	
E-Mail Address: hstreeter@stny.rr.com	Date: 04/18/2023	OGS Authorized Signature: 	Enter Name: Shafia Booker Date: 4/20/2023